

**STATE OF NEW JERSEY  
DEPARTMENT OF AGRICULTURE  
DIVISION OF MARKETING AND DEVELOPMENT  
40 E. Broad St., Suite 210  
Bridgeton, NJ 08302  
www.nj.gov/agriculture  
856 453-3870**

Application for use of "Jersey Fresh Quality Grading Program" label/mark on packages of New Jersey Produced Agricultural Commodities.

In accordance with requirements of N.J.S.A. Title 4, Chapter 10, Article 5 application is hereby made for permission to use the "Jersey Fresh Quality Grading Program" label/mark.

<hr/> <b>NAME OF APPLICANT</b> (Individual, Partnership, Corporation)	<hr/> <b>NUMBER &amp; STREET</b>	
<hr/> <b>CITY</b>	<hr/> <b>STATE</b>	<hr/> <b>ZIP CODE</b>
<hr/> <b>LOCATION (S) OF PACKING FACILITIES:</b>		
<hr/> <b>NUMBER &amp; STREET</b>	<hr/> <b>CITY</b>	
<hr/> <b>STATE</b>	<hr/> <b>ZIP CODE</b>	

I (we) agree to comply with all the terms and conditions of the regulations pertaining to the use of the "Jersey Fresh Grading Program" label/mark.

Enclosed is a check for \$30.00 made payable to **NEW JERSEY FARM PRODUCTS PUBLICITY FUND.**

List the commodities that you will pack under the "Jersey Fresh Quality Grading Program" label/mark.

<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

I (we) will pack the above listed commodities in containers -

(check all boxes that apply)    ☐ imprinted with the "Quality Logo"    ☐ labeled with the "Quality Logo"

<hr/> <b>Telephone Number</b>	<hr/> <b>Signature of Owner or Corporate Officer</b>	
<hr/> <b>Fax Number</b>	<hr/> <b>Title</b>	<hr/> <b>Date</b>
<hr/> <b>E-Mail Address</b>	<hr/> <b>Registration No. (Office Use Only)</b>	